Please type a plus sign (+) Inside this box PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reducion Act of 1995, no prisons are required to respond to a collection of information unless it contains a valid OMB control number.

COPY OF PAPERS ORIGINALLY FILED

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/965,789	
Filing Date	September 28, 2001	
First Named Inventor	Mark S. Edwards	
Title	METHOD AND APPARATUS FOR MAKING BRISTLE SUBASSEMBLIES	
Group Art Unit		
Examiner Name		
Attorney Docket Number	AD6813 USNA	

	•		 				
I hereby apportunity in the property in the pr		omer Number	23906	_		*239()6*
☐ Practition	er(s) name	d below:			l.,		
		Name	•		Registration Nu	ımber	1
		Tamera L	. Fair		35,867		
Ī							·
[
L							
			prosecute the appli k Office connected t		ed above, and to t	ransact all busin	ess in the
Please chan	ge the corre	espondence addr	ess for the above-id	entified appli	cation to:		
_	ve-mention	ed Customer Nun	nber		Г		
OR Praction	ore at Cuete	omer Number			→	Place Bar Code i	Label Here
OR	ers at Cust	mer number	<u> </u>		L		
☐ Firm <i>or</i>							
Individua Address	al Name						
Address							
City				State		ZIP	
Country				. 	. <u> </u>		
Telephone				Fax			
I am the:	<u></u>						
Applic Applic	ant/Invento	r.			•		
			erest. See 37 CFR enclosed. (Form P				
		SIC	NATURE of Appli	cant or Assi	gnee of Record		
Name	Mark S. Edwards						
Signature	m	mh S.	Clevan	<u> </u>			
Date	1		7. 2002				
NOTE: Signa Submit multi	atures of al	Il the inventors o	r assignees of reco	ord of the en ed, see belo	tire interest or the w*.	eir representativ	re(s) are required.
	3 forms are						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box
PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Please type a plus sign (+) inside this box

THADENA POWER OF ATTORNEY OR

AUTHORIZATION OF AGENT

09/965,789 **Application Number** September 28, 2001 **Filing Date** Mark S. Edwards First Named Inventor METHOD AND APPARATUS FOR MAKING BRISTLE SUBASSEMBLIES Group Art Unit **Examiner Name**

			Attorney Do	cket Number	AD6813 USN/	A .OF	PAPERS	
I hereby app Practition OR Practition	ners at Cus	tomer Number	23906] —	$\longrightarrow $	CORNOR OF A PATENT TRADEMA		
I Tractition	ner(s) name	Name		Re	gistration Num	her		
		Tamera L.	Fair	35,867				
		Tamera L.						
	· · · · · · · · · · · · · · · · · · ·							
	-							
as my/ United	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number OR Practioners at Customer Number OR								
Firm or	ıal Name							
Address								
Address								
City			S	tate	z	IP		
Country								
Telephone				Fax				
I am the: ☐ Applicant/Inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name Robert M. Brown								
Signature Bobert 11. Brown								
Date 7 Jun 2002								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of 3 forms are submitted.								

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this at the Paperwork Resection Act of 1995, no decisions are required to respond to a collection of information unless it contains a valid OMB control number.

Application Number 09/965,789

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number 09/965,789

Filing Date September 28, 2001

First Named Inventor Mark S. Edwards

METHOD AND APPARATUS FOR MAKING BRISTLE SUBASSEMBLIES

Group Art Unit

Examiner Name

Attorney Docket Number AD6813 USNA

		· · · · · · · · · · · · · · · · · · ·						
I hereby appo				 ·		***		
	ers at Cus	tomer Number	23906			*2390)6*	
OR					l	PATENT TRADEMA	RK OFFICE	
☐ Practition	er(s) name	ed below:			•			
		Name			Registration Number			• ·
		Tamera L.	Fair	·	35,867			
as mv/c	our attorne	y(s) or agent(s) to p	rosecute the applic	ation ident	ified above, and to	transact all busine	ess in the	
United	States Pat	ent and Trademark	Office connected the	nerewith.			-	
Please chan	ge the con	respondence addres	ss for the above-ide	entified app	olication to:			
☑ The abor	ve-mentior	ned Customer Numb	per					
OR						Place Bar Code L	abal Hara	
	ers at Cust	tomer Number	<u>. </u>		- [Place bar code L	abel liels	
OR								
☐ Firm <i>or</i> Individua	al Name							
Address								
Address								
City				State		ZIP		
Country								==
Telephone				Fax				
l am the:				-				
Applica Applica	ant/invento	or.						
Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name	Truman	C. Troutner	- <i>i</i>					
Signature	Thense Estratue							
Date								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of 3 forms are submitted.								

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.